



Camper Application 2019

What we need from you:

- Completed Camper Application 2019** - If we are missing any information, signatures, or the deposit; we will return the application. Applications will not be accepted after **July 19, 2019**.
- Refundable Registration Deposit - \$25.00*** - Check or money order payable to Wisconsin Lions Foundation (WLF).

*If you cannot pay, please call us to discuss the situation **before** sending in application.

Because this Camp is provided free-of-charge:

- 1. We reserve the right to accept or deny applications.**
- 2. The camper must meet the following general and specific eligibility guidelines:**
 - Resident of the State of Wisconsin
 - Age 18 or older at camp time, with any of the following degree of hearing loss:
 - a) Deaf or profound hearing loss.
 - b) Mild to severe hearing loss (25 - 90 db loss) without amplification, in either or both ears.
 - Due to the nature of the adult resort program, all participants must be independent. The Camp is not able to serve persons who require supervision or assistance in daily living skills or medications/management.**

Counselor and Healthcare supervision is not provided.

**Mail this application to:
Wisconsin Lions Camp
3834 County Road A
Rosholt, WI 54473**

**We do not accept faxed or e-mailed applications.
Eligible campers are registered on a first-received,
first-served basis until session is full or July 19, 2019,
whichever comes first.
Questions call: 715-677-4969
VP: 715-952-5703**



For Office Use Only		\$	#
AR	Refund/Donate	Name	
CS	Status	Address	

In order to facilitate the scheduling of the camper with the proper cabin group, please answer the following as completely as you can. Please print neatly. **Incomplete forms will be returned.**

Camper's Name: (First) _____ (Last) _____
Nickname: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone:(_____) _____ Birth Date: _____ Age at Camp: _____ Gender: _____
Cell Phone:(_____) _____ Check one: Text Only Voice
Camper lives: Independently With Family With Foster Family Group Home Residential Facility
Name of Residential Facility or Agency: _____

Please specify: This form was completed by: Camper An assistant helping or writing for camper Guardian/Parent
 Please mail my confirmation to: self other (list address here) _____
 Please e-mail my confirmation. All e-mailed information will be sent in Adobe PDF format, which means you will need to download and print all documents.

Emergency and/or Other Contact Information

Contact #1: _____ **Contact #2:** _____
Relationship: _____ Relationship: _____
Home Phone:(_____) _____ Home Phone:(_____) _____
Work Phone(_____) _____ Work Phone:(_____) _____
Cell Phone:(_____) _____ Cell Phone:(_____) _____

2019 Camping Session

August 19-23

Arrival on Monday, August 19th is between **3:30 - 5:30 PM**
Departure on Friday, August 23rd is between **1:30 - 3:30 PM**

Camper Transportation

Please choose two:

- I will arrive at camp by car.
- I will arrive at camp by bus. **If arriving by bus, you must confirm the time and where you will arrive by August 2, 2019. This will ensure that a staff member will be there to meet you and transport you to Camp.**
- I will depart camp by car.
- I will depart camp by bus. **If departing by bus, you must confirm the time and where you will depart by August 2, 2019. This will ensure that a staff member will transport you to the bus station.**

Camper Information

In the following sections, please check off all statements that apply to you.

Mobility

I walk/run independently	I use a walker	I use a wheelchair
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Mobility comments: _____

Health Concerns: Check all that apply to you and provide any additional information that you feel will be necessary for optimal care for you while at Camp. Please include all current health issues.

Addison's Disease*
ADD/ADHD
Allergy requiring Epinephrine (Epi Pen)
Anxiety*
Asthma*
Atlantoaxial dislocation
Autism spectrum disorder
Cancer (or previous history of)
Depression*
Diabetes* (or hypoglycemia)

Down Syndrome
Fainting
Frequent ear infections
Growth delay
Headaches
Head injury in the past year
Heart condition defect/disease
High blood pressure
Hypothyroidism
Incontinence

Intellectual disability
Intolerance to _____?
Other mental health condition*
Seasonal allergies
Seizure disorder*
Sleep apnea
Surgical history
Visual impairment
Other

Please provide additional information on any condition indicated: _____

I have a mental or emotional health concern. Please specify and give details: _____

During the past year, I have seen or am currently seeing a professional to address mental/emotional health concerns. Please describe and give brief plan of care: _____

I have had a significant life event (death of a loved one, family change, trauma, etc.) that continues to affect my life. Please specify and give details: _____

Medication: Please provide complete information on all medications, including prescription and nonprescription medications, supplements, and homeopathic remedies.

Please check one of the following:

- I take no medications.
- I take medications and will self administer them while I am at Camp. **If you cannot manage your own medications you are not eligible to attend.**

Please list all your medications, vitamins, and supplements.

Medication	Dosage	Reason for use	Time taken

Please attach additional sheets if necessary to include all camper medications. Medical information is reviewed by the Healthcare Supervisor to ensure that Camp is an appropriate setting for you because there is no medical supervision.

Please provide any additional information regarding the above medications that would be helpful for the Healthcare Supervisor's review: _____

Nutrition

- I eat a regular, varied diet and do not require any special accommodations for meals.
- I am a vegetarian or semi-vegetarian.
- I am a vegan and do not eat any animal products, including meat, poultry, seafood, eggs, and dairy.
- I am lactose intolerant.
- I am gluten free.
- I am diabetic.
- I have a food allergy (causes an immune response and may have symptoms including anaphylaxis, shortness of breath, rash or hives, swelling, nausea, vomiting, diarrhea, and/or abdominal pain).
- I have a food intolerance (causes GI upset such as nausea, abdominal pain, vomiting, and/or diarrhea)
- Foods require modification
- Other diet not listed

In the following sections, please check off all statements that apply to you.

Cabin Life

	Yes	No
I am a smoker		
I am an early riser		
I am a night owl		
I prefer to be with younger campers		

	Yes	No
I prefer to be with older campers		
I prefer to be with the same age campers		
I use a CPAP machine		
I need a nightlight		

Please list any cabin or roommate preference. We will honor these within reason: _____

Communication

	Yes	No
Deaf or profound hearing loss		
Mild to severe hearing loss (25 - 90 db hearing loss)		
Oral		
ASL		
Signed English		
Both sign & oral		
Language device		
Understand/respond to questions		

	Yes	No
Communicate needs & wants		
Able to respond to questions		
Issues with speech		
Uses hearing aid(s)		
Uses cochlear implant(s)		
Placed in a oral cabin		
Placed in a combination of sign & oral cabin		
Placed in a signing cabin		

Further instructions regarding communication: _____

Activities

My favorite camp activities are: _____

I do not enjoy: _____

Costs: There is no cost for attendance. The total cost of the camping experience is provided by the Lions, Lioness, and Leos Clubs of Wisconsin, with the additional support of other donors. Contributions are appreciated to ensure the ongoing operation of Lions Camp. A **\$25.00 application deposit** must be submitted with this application. This deposit is refundable if cancellation occurs prior to August 5, 2019. The \$25.00 is returned to you on registration day. If you are not accepted into Camp, the \$25.00 will be refunded to the person who sent in the funds.

Privacy Statement: The Wisconsin Lions Foundation, Inc. requests camper birthdates and ages due to eligibility requirements for the purpose of grouping campers in the appropriate age cabin group and to ensure that campers with similar names have correct files. All forms and documents relating to campers are under lock and key and have limited employee access. If age cannot be provided, we cannot accept camper applications due to the need to verify age. Please contact us with questions regarding this policy.

Transportation: Campers or parents/guardians are responsible for arranging transportation to and from Camp. If transportation is an issue, please contact us and we will try to find a local Lions Club who may be able to provide transportation.

Please read and sign one option below

1. If the camper is a legal adult:

To the best of my knowledge, the medical and behavioral information included is accurate. I hereby authorize employees of the Wisconsin Lions Foundation, Inc. to review this application and the medical and behavioral information for the purpose of determining eligibility for Camp and to ensure that the Wisconsin Lions Camp can meet my needs in order to provide a safe and successful camping experience. I have read and understand the above Wisconsin Lions Foundation, Inc. policies.

I understand that the adult program is geared toward independent functioning adults and I agree that I meet the eligibility guidelines on page 1. I further understand that if I am not able to care for personal needs, need more assistance than can be provided to campers, or not able to harmoniously live with others I will be asked to leave by the Camp Director in order to ensure a successful camping experience for all.

Name of Camper (please print): _____

Camper Signature: _____ Date: _____

2. If the camper is under legal guardianship:

To the best of my knowledge, the medical and behavioral information included is accurate. I hereby authorize employees of the Wisconsin Lions Foundation to review this application and the medical and behavioral information for the purpose of determining eligibility for Camp and to ensure that the Wisconsin Lions Camp can meet the applicant's needs in order to provide a safe and successful camping experience. I have read and understand the above Wisconsin Lions Foundation policies.

I understand that the adult program is geared toward independent functioning adults and I agree that my camper meets the eligibility guidelines on page 1. I further understand that if my camper is not able to care for personal needs, needs more assistance than can be provided to campers, or not able to harmoniously live with others I will be asked to pick up my camper by the Camp Director in order to ensure a successful camping experience for all.

Name of Parent or Legal Guardian (please print): _____

Parent or Legal Guardian Signature: _____ Date: _____

Preferred method of contact:

Phone: _____

E-mail: _____

Best time to contact: _____